

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>C</i>	<i>11/11/11</i>	<i>8/31/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>9/17</i>
FORMALITY REVIEW	<i>NL</i>	<i>553</i>	<i>10-6-00</i>
RESPONSE FORMALITY REVIEW	<i>A-M</i>	<i>5C 580</i>	<i>05-08-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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